

STATE OF MARYLAND
DEPARTMENT OF GENERAL SERVICES
MARYLAND CAPITOL POLICE

Waiver of Hearing

Pursuant to Public Safety Article, Title 3, ' 3-103(f), Annotated Code Of Maryland

I, _____, do acknowledge:
(Rank) (Name) (ID Number)

1. I have been charged with a disciplinary violation(s) of the Rules and Regulations of the Maryland Capitol Police as set forth in the Statement of Charges dated_____.
2. I have received, read and understand the disciplinary charges against me as set forth in the Statement of Charges dated_____.
3. I am entitled to a hearing in accordance with the Law Enforcement Officers Bill of Rights to determine my guilt or innocence of the charges referred herein.
4. If I am found guilty of the charges(s) by the hearing board, the board will also make a recommendation to the Superintendent as to the penalty to be imposed.
5. The Chief of Police has the right to modify in any way any penalty imposed, but he may not increase any recommended penalty without first giving me the opportunity to be heard.
6. For the purposes of any hearing, the Maryland Capitol Police has the burden of proving my guilt of the charge(s).
7. Should I be found guilty of any of the charges, and the findings of guilt are sustained by the Superintendent, I have the right to appeal the Chief's decision to the Circuit Court.
8. I do hereby waive my rights as described herein and as provided in the Law Enforcement Officers Bill of Rights and do hereby plead guilty to the following charges:

9. If applicable, the following charge(s) are hereby withdrawn by the Maryland Capitol Police:

10. (If applicable) I do hereby agree to the following penalty(s) for the charge(s) referred to in paragraph 8.:

Specify penalty for each charge:

11. I understand that by pleading guilty, I waive my right to an appeal and/or further proceedings in conjunction with the charge(s).

12. (If applicable) By pleading guilty to the charge(s) referred to in paragraph 8., I waive my right to a hearing in the issue of my guilt or innocence of the charge(s) referred to in paragraph 8., and request that the hearing board proceed only on the issue of the penalty(s) to be recommended to the Superintendent. I understand that any appeal to the circuit court will be limited to penalty(s) only.

Agreed to and dated this _____ day of (month) _____ (year) _____.

Employee's Signature: _____
(Date)

Type Entries of Employee's: _____
(Rank) (Name) (I.D. No.)

Signature of Employee's Attorney or Representative: _____
(Date)

Signature of Department Prosecutor/Commander: _____
(Date)

Signature of Hearing Board Chairman: _____
(Not needed if agreed to prior to hearing) (Date)

NOTE: A transfer, demotion, or suspension exceeding 15 days must be approved by the Chief of Police.

Chief's Signature: _____
(Date)